Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING HAL004003 06/23/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 123 ANSON HIGH SCHOOL ROAD MEADOWVIEW TERRACE OF WADESBORO WADESBORO, NC 28170 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION in (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) (C 000) Initial Comments {C 000} Report of a Follow-Up Construction Survey by Ed Miller and on June 23, 2016. The following deficiencies cited during the Follow-up Construction Survey, have not been satisfactorily corrected and will require a new Plan of Correction. (C 164) Housekeeping and Furnishings-Clean, Repaired {C 164} SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND **FURNISHINGS** (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1- Based on observations, the facility has failed to maintain the building, walls, ceilings, and floors in good repair and clean. Findings on June 23, 2016: Flooring throughout the facility will be taken up 10/15/14 and replaced. a- The corridor carpet throughout the facility is stained, including but not limited to 1 - Main entrance lobby. 2- Central Hall 3-200 Hall 4-100 Hall e- Most of the resident private bathrooms have 12x12 tile that is badly stained and the finish is worn.

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING HAL004003 06/23/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 123 ANSON HIGH SCHOOL ROAD MEADOWVIEW TERRACE OF WADESBORO WADESBORO, NC 28170 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE ID (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) (C 164) {C 164} Continued From page 1 3- Based on observations, the facility has failed to maintain the building free of odors. The wine odor is in the carpeting and under the tile in some resident both records. Wis placed will be replaced. Findings on June 23, 2016: a- There are several resident rooms where 10-15-16 there is a distinct odor of urine in the room and/or the bathroom. Rooms include but are not limited to: 4- Room 123 (room)

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